Schedule E)		PAGE 1 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
		M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report New report	ort Amends report	
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICA	L EDUCATION	Date of Public Distribution/Dissemination 09 24 2014
Mailing Address 100 Indiana Avenue, N.W.		Amount
City State	Zip Code	199.74
	20001	Transaction ID : D541218 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
MITCH MCCONNELL	Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		olsbursement For:
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICA	I EDUCATION	Date of Public Distribution/Dissemination
	LEDUCATION	09 / 24 / Y Y Y Y Y
Mailing Address 100 Indiana Avenue, N.W.		Amount
City State	Zip Code	510.40
Washington DC	20001	Transaction ID : D541219 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 24 / Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
MARK E UDALL	Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		710.14
(a) SSPICIAL OF ICHIEZOU HIGGSHACHE EXPONITIONS		710.14
(b) SUBTOTAL of Unitemized Independent Expenditures)	7 7 7
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
	cally Filed] Date	09 26 2014
Signature		

Schedule E)	XI LIVDI	101120		PAGE 2 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New repo	rt Amends repo		M / D = D / Y = Y = Y
Full Name of Payee COMMITTEE ON LETTER CARRIERS P	OLITICA	L EDUCATION	M	f Public Distribution/Dissemination
Mailing Address 100 Indiana Avenue, N.W.			Amoun	
City Sta	ıto.	Zip Code		199.74
Washington D0		20001		action ID: D541224 f Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M	09 / 24 / 2014
Name of Federal Candidate		X Support	Office Sought:	: House District: 00
ALISON LUNDERGAN GRIMES		Oppose	Preside	nt Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		32414.95	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC) Date of Public Distribution/Dissemination				
Mailing Address 1325 Massachusetts Ave. NW			Amoun	09 24 2014 ut
City Sta	ate	Zip Code	— Г	31.73
Washington Do	С	20005		ction ID : D541227 f Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		09 24 7 2014
Name of Federal Candidate		X Support	Office Sought	: House District:
Gary Peters		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		22599.43	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				231.47
(b) SUBTOTAL of Unitemized Independent Expenditures.				
(c) TOTAL Independent Expenditures			· .	7 7 7
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized			
Ms. Elizabeth H Shuler Signature	[Electroni	cally Filed] Date	09	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LINDITOTILO	PAGE 3 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report	New report Amends report fil	ed on Man / Dad / Yayayay
Full Name of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL AC	TION COMMITTEE (AKA NATCA PAC)	Date of Public Distribution/Dissemination
Mailing Address 1325 Massachusetts Ave. NW		09 24 2014 Amount
City State	Zip Code	31.73
Washington DC	20005	Transaction ID : D541228 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 24 / 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
TERRI LYNN LAND	∑ Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	14178.22 Dis	sbursement For: Primary
Full Name of Payee United Steelworkers of America Political Ac Mailing Address Political Action Fund Voluntary Ac	tion Fund	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5 Gateway Center	7:- Codo	7/2.16
City State Pittsburgh PA	Zip Code 15222	743.16 Transaction ID : D541233 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 24 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
MITCH MCCONNELL	Oppose [President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 114 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	774.89
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	_	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or an party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler	[Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	PAGE 4 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed on	W = W 7 D = D 7 Y = Y = Y
Full Name of Payee United Steelworkers of America Political Action Fund	pate of Public Distribution/Dissemination
Mailing Address Political Action Fund Voluntary Ac	09 24 2014
5 Gateway Center	mount
City State Zip Code	238.47
· ············	ransaction ID: D541234 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 24 7 2014
Name of Federal Candidate Support Office So	ought: House District: 00
MARK E UDALL Oppose Pro	esident Senate State: CO
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
United Steelworkers of America Political Action Fund	M M / D D / Y Y Y Y
Mailing Address Political Action Fund Voluntary Ac	09 24 2014
5 Gateway Center	anount
	347.82 ansaction ID : D541239 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
MITCH MCCONNELL	resident X Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	586.29
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	26 2014
Signature	

Schedule E)	PAGE 5 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee United Steelworkers of America Political Action Fund	ate of Public Distribution/Dissemination
	09 24 2014 nount
5 Gateway Center	400.00
·	193.62 ansaction ID : D541248 ate of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soil	ught: House District:
Conv Potoro	sident X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbursen 22599.43 Disbursen 2014	nent For:
Full Name of Payee United Steelworkers of America Political Action Fund	ate of Public Distribution/Dissemination
Mailing Address Political Action Fund Voluntary Ac	mount
5 Gateway Center	
	512.78 nsaction ID : D541253
Purpose of Expenditure InKind Staff Category/ Type 001	ate of Disbursement or Obligation M 09 24 2014
Name of Federal Candidate Support Office So	ought: House District:
Gary Peters	esident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disburser 2014 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	706.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date Og	26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	PAGE 6 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed of	on Mam / Dad / Yayayay
Full Name of Payee United Steelworkers of America Political Action Fund	Date of Public Distribution/Dissemination
Mailing Address Political Action Fund Voluntary Ac	09 / 24 / 2014
5 Gateway Center	Amount
City State Zip Code	41.49
	Transaction ID : D541256 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 / 24 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
TERRITYNNIAND	President State: MI
Calendar Year-To-Date Per Election for Office Sought Disburg 2014	sement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
United Steelworkers of America Political Action Fund	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Political Action Fund Voluntary Ac	09 24 2014
5 Gateway Center	Amount
City State Zip Code	743.16
	Transaction ID : D541263 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 24 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
ALISON LUNDERGAN GRIMES	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	784.65
(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	PAGE 7 OF 19 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Workers' Voice	C C00484287		
	0 000-10-1251		
Check if 24-hour report	report filed on		
Full Name of Payee United Steelworkers of America Political Action Fund	Date of Public Distribution/Dissemination		
Mailing Address Political Action Fund Voluntary Ac	09 24 2014		
5 Gateway Center	Amount		
City State Zip Code	340.47		
Pittsburgh PA 15222	Transaction ID: D541265 Date of Disbursement or Obligation		
Purpose of Expenditure Inkind Staff Travel Category/ Type	002		
Name of Federal Candidate Suppo	rt Office Sought: House District: 00		
ALISON LUNDERGAN GRIMES Oppos			
Calendar Year-To-Date Per Election for Office Sought 32414.95	Disbursement For: Primary		
Full Name of Payee	Date of Public Distribution/Dissemination		
Voices of the American Federation of Government Employees	Date of Public Distribution/Dissemination		
09 24 2014			
Malling Address 80 F Street, NW	Amount		
City State Zip Code	1.20		
Washington DC 20001	Transaction ID : D541271 Date of Disbursement or Obligation		
Purpose of Expenditure Inkind Staff Travel Category/ Type	002 09 / 24 / 2014		
Name of Federal Candidate Suppo	ort Office Sought: House District: 00		
CORY GARDNER Oppos			
Calendar Year-To-Date Per Election for Office Sought 13728.50	Disbursement For:		
•			
(a) SUBTOTAL of Itemized Independent Expenditures	341.67		
(b) SUBTOTAL of Unitemized Independent Expenditures			
	4 4		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.			
Ms. Elizabeth H Shuler [Electronically Filed]	Date 09 26 2014		
Signature			

Schedule E)		II OILO		PAGE 8 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour rep	port New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Voices of the American Feder	ration of Governr	ment Employees	M = M /	Distribution/Dissemination
Mailing Address 80 F Street, NW			Amount	24 2014
City	Ctata	Zin Codo		CF 40
City Washington	State DC	Zip Code 20001	Transaction II	65.40 D: D541272 rsement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
ALISON LUNDERGAN GRIMES		Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought		32414.95	Disbursement For: 2014 Other (spe	Primary ☐ General
Full Name of Payee Voices of the American Federat	ion of Governmer	nt Employees	M = M /	Distribution/Dissemination
Mailing Address 80 F Street, NW			Amount	24 2014
City	State	Zip Code		58.29
Washington	DC	20001	Transaction ID Date of Disbu	D: D541273 Irsement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	24 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:00
MARK E UDALL		Oppose	President >	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		13728.50	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures		·	123.69
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	
(c) TOTAL Independent Expenditures)	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	09 / 26	2014

Schedule E)		II OILEO		PAGE 9 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
			M = M	/ D D / Y Y Y Y
Check if 24-hour report X 48	-hour report X New rep	port Amends repo	ort filed on	
Full Name of Payee Voices of the American	Federation of Governr	ment Employees		ic Distribution/Dissemination
Mailing Address 80 F Street, NW			09 Amount	24 2014
			Amount	
City	State	Zip Code		95.23
Washington	DC	20001		ID: D541275 oursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	M 09	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MARK E UDALL		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		13728.50	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			·	lic Distribution/Dissemination
Voices of the American F	ederation of Governmer	nt Employees	M I M	/ D D / Y Y Y Y
Mailing Address 80 F Street, NW				24 2014
001 011001,111			Amount	
City	State	Zip Code		65.40
Washington	DC	20001	Transaction Date of Disk	ID: D541277 pursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MITCH MCCONNELL		X Oppose	President	Senate State: KY
Calendar Year-To-Date Per Election for Office Sough		32414.95	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Indepen	ndent Expenditures		•	160.63
(b) SUBTOTAL of Unitemized Indep	pendent Expenditures			70 1 70
(c) TOTAL Independent Expenditures				
				492
Under penalty of perjury I certify th with, or at the request or suggestion party committee) any political party	n of, any candidate or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	e 09 26	2014
Signature			تا ت	

Schedule E)	LIVI EXI EN	DITORILO	PAGE 10 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 24 2014
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	32.67
Washington	DC	20006	Transaction ID : D541301 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		22599.43	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 24 2014
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	7.67
Washington	DC	20006	Transaction ID : D541305 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09 / 24 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
MARK E UDALL		Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		13728.50	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. • 40.34
,			7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	09 26 2014
Signature			

Schedule E)	FOR SE OF FORM 24/	./48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBE	ER ▼
Workers' Voice	C C00484287	7
Check if 24-hour report X 48-hour report New report	Amends report filed on M M / D D / Y Y Y Y	
Full Name of Payee AFL-CIO	Date of Public Distribution/Disseminal	
	09 24 2014	
Mailing Address 815 - 16th Street, NW	Amount	
City State Zip	o Code 11	1.50
Washington DC 200	Double Transaction ID : D541311 Date of Disbursement or Obligation	
Purpose of Expenditure Walk Packets	Category/ Type 004 09 / 24 / 2014	
Name of Federal Candidate	Support Office Sought: House District:	00
MITCH MCCONNELL	Oppose President Senate State:	KY
Calendar Year-To-Date Per Election for Office Sought 324	Disbursement For: Primary X Ge 2014 Other (specify) ▶	eneral
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemina	
Mailing Address 815 - 16th Street NW	09 24 2014	
Mailing Address 815 - 16th Street, NW	Amount	
City State Zip	p Code 11.	.50
	0006 Transaction ID : D541316 Date of Disbursement or Obligation	
Purpose of Expenditure Walk Packets Ci	Category/ Type 004 09 24 2014	
Name of Federal Candidate	Support Office Sought: House District:	00
ALISON LUNDERGAN GRIMES	Oppose President X Senate State: —	KY
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X Ge 2014 Other (specify) ▶	eneral
(a) SUBTOTAL of Itemized Independent Expenditures		
(a) SUBTOTAL OF REHIZED HIDDPOTAGER EXPONDITURES	23.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized cor party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •	
Ms. Elizabeth H Shuler [Electronicall	<i>(ly Filed)</i> Date 09 26 2014	
Signature		

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
		O consider
Check if 24-hour report X 48-hour report New report	ort Amends report file	d on
Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination
		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW		Amount
City State	Zip Code	16.56
Washington DC	20006	Transaction ID : D541320 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	09 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District:00
TERRI LYNN LAND	∑ Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought	14178.22 Dist	oursement For: Primary
Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination
		09 24 2014
Mailing Address 555 New Jersey Ave. N.W.		Amount
City State	Zip Code	102.75
Washington DC	20001	Transaction ID : D541325 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 24 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
TERRI LYNN LAND	X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	14178.22 Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	119.31
(b) SUBTOTAL of Unitemized Independent Expenditures	····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
Ms. Elizabeth H Shuler [Electroni	ically Filed] Date	09 26 2014
Signature	_	

Schedule E)		DITORILO	PAGE 13 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee AFT Solidarity 527			Date of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.			09 24 2014 Amount
City Washington	State DC	Zip Code 20001	102.75 Transaction ID : D541327 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 24 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		22599.43	Disbursement For:
Full Name of Payee UFCW Int'l Union Working Families Advocacy Project Date of Public Distribution/Dissemination			
Mailing Address 1775 K Street, NW			09 24 2014 Amount
City	State	Zip Code	115.83
Washington	DC	20006-1598	Transaction ID : D541331 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 24 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		14178.22	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		218.58
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	09 26 2014

Schedule E)		1101120	PAGE 14 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour re	port New rep	port Amends repo	rt filed on
Full Name of Payee UFCW Int'l Union Working Fa	amilies Advocacy	Project	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			09 24 2014 Amount
City	State	Zip Code	66.04
Washington	DC	20006-1598	Transaction ID : D541332 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
ALISON LUNDERGAN GRIMES		Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	7	32414.95	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee UFCW Int'l Union Working Fan	nilies Advocacy Pr	oject	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			09 24 2014 Amount
City	State	Zip Code	155.63
Washington	DC	20006-1598	Transaction ID : D541334 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 24 / 2014
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		22599.43	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent E	xpenditures		. ▶ 221.67
(b) SUBTOTAL of Unitemized Independent	Expenditures		·
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	09

Schedule E)	. EXI EIID			PAGE 15 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee UFCW Int'l Union Working Families	Advocacy	Project	M = M	
Mailing Address 1775 K Street, NW			Amount	24 2014
City	State	Zip Code		66.04
Washington	DC	20006-1598		on ID : D541339 isbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
MITCH MCCONNELL		X Oppose	President	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	, , ,	32414.95	Disbursement Fo 2014 Other	r:
Full Name of Payee Michigan State AFL-CIO General Fundament	d		Date of P	ublic Distribution/Dissemination
Mailing Address 419 Washington Square, S. #200			09 Amount	24 2014
City	State	Zin Codo		20.22
City Lansing	MI	Zip Code 48933		30.23 an ID: D541344 isbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	
Name of Federal Candidate		X Support	Office Sought:	House District:
Gary Peters		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	22599.43	Disbursement Fo	or: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			96.27
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures			·	4 1 4 1 4 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date		26 / 2014

Schedule E)	IVI EXI EIVE	ATOTILO		PAGE 16 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee	Fund		Date of P	ublic Distribution/Dissemination
Michigan State AFL-CIO General			09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 419 Washington Square, S. #200			Amount	
City State Zip Code				30.23
Lansing	MI	48933		on ID: D541347 isbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M M M	Ů
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	14178.22	Disbursement Fo	r: Primary ⊠ General (specify) ▶
Full Name of Payee				ublic Distribution/Dissemination
Retail, Wholesale and Department S	tore Union		09	24 2014
Mailing Address 30 E29th St.			Amount	
City	State	Zip Code		64.32
New York	NY	10016		on ID: D541349 isbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	
Name of Federal Candidate		Support	Office Sought:	House District:
Gary Peters		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	22599.43	Disbursement Fo	or: Primary X General (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	94.55
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	7
(c) TOTAL Independent Expenditures			· •	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date		26 / 2014

Schedule E)	PAGE 17 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee NCFO/SEIU 32BJ	Date of Public Distribution/Dissemination
Mailing Address	09 24 2014
Mailing Address 1212 Bath Ave Floor F&O	Amount
City State Zip Code	36.60
Ashland KY 41101-2696	Transaction ID : D541351 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
Full Name of Payee NCFO/SEIU 32BJ	Date of Public Distribution/Dissemination
Mailing Address	09 24 / 2014
1212 Built / NVO	Amount
Floor F&O City State Zip Code	36.60
Ashland KY 41101-2696	Transaction ID : D541352 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	M 09 / D D / Y Y Y Y Y 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
MITCH MCCONNELL Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Disbu	orsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	73.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 0	

Schedule E)	L /(L /(L)	1101.20		PAGE 18 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
AFSCME for Michigan				19 24 2014
Mailing Address 1625 L Street, NW			Amount	
City	State	Zip Code		293.09
Washington	DC	20036		ction ID : D541354 Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M	99 24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		14178.22	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
AFSCME for Michigan				09 24 2014
Mailing Address 1625 L Street, NW				24 2017
1			Amount	t
City	State	Zip Code		251.82
Washington	DC	20036		tion ID : D541355 Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002		9 24 2014
Name of Federal Candidate		X Support	Office Sought:	House District:
Gary Peters		Oppose	Presider	nt Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		22599.43	Disbursement 2014 Oth	For: Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditures	š		•	544.91
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		· •	45. 1 45. 1 45.
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date		26 2014
Signature				

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	ort Amends report filed	i on M M / D D / Y Y Y Y Y
Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination
		09 24 2014
Mailing Address 1625 L Street, NW		Amount
City State	Zip Code	201.67
Washington DC	20036	Transaction ID : D541359 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	09 / 24 / 2014
Name of Federal Candidate	Support Office	e Sought: House District:00
TERRI LYNN LAND	X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	14178.22 Disbu 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination
		09 24 2014
Mailing Address 1625 L Street, NW		Amount
City State	Zip Code	293.09
Washington DC	20036	Transaction ID : D541360 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 24 / 2014
Name of Federal Candidate	Support Office	e Sought: House District:
Gary Peters	Oppose	President X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	22599.43 Disbu 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		494.76
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	6346.42
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
Ms. Elizabeth H Shuler [Electronic	ically Filed] Date 0	09 26 2014
Signature	_	